Sub-Committee on Substance Abuse and Mental Health Services - SAMSHA Reauthorization
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Witness:
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District of Columbia
Testimony:
Mr. Chairman, Senator Kennedy, and Members of the Subcommittee:
Thank you for the opportunity to provide testimony to you this morning about the Substance Abuse and Mental Health Services Administration (SAMHSA). My name is Martha Knisley, and I am the Director of the Department of Mental Health in the District of Columbia. I have worked in public mental health, substance abuse and developmentally disabilities for over 35 years and have served as Director of Mental Health in Ohio and Deputy Secretary for Mental Health in Pennsylvania. I am speaking today on behalf of the National Association of State Mental Health Program Directors, the association that represents the public mental health authorities in the 50 states, the District of Columbia, and the Territories.
I am particularly pleased to appear before you today in this first hearing of the Senate Subcommittee on Substance Abuse and Mental Health Services. The special focus of this Subcommittee reflects the critical need for improved access to mental health services at a time when an overwhelming majority of Americans with mental disorders do not receive appropriate treatment. This is particularly discouraging given that great strides have been made through medical research demonstrating the effectiveness of a range of such treatments for these serious conditions. We are hopeful that your work, combined with the much-anticipated release of the President's New Freedom Commission on Mental Health's final report, will strengthen our nation's commitment to ensuring access to treatment and promoting recovery and full community participation. Thank you for understanding the importance of this issue and recognizing the potential to vastly improve and save lives.
I am also very pleased to present this testimony on behalf of the Campaign for Mental Health Reform. As I am sure you understand, the President's Commission – even before its report has been released – has galvanized the mental health community, which includes consumers, family members, providers, administrators, and advocates. This community is represented by numerous organizations with diverse interests and different perspectives. Despite these differences, they are joining together to collaborate in an unprecedented fashion to launch the Campaign for Mental Health Reform. Building on the work of the President's Commission, the Campaign will develop and promote federal policy initiatives based on shared values and principles and will strive to advance mental health as a national priority.
There could not be a more appropriate or exciting time to reauthorize SAMHSA and its programs, since we can expect that the President will be turning to this agency to formulate and coordinate an action plan stemming from the Commission's

recommendations. Therefore, nothing could be more important than ensuring that SAMHSA has the authority and resources to get this job done.

Charles Curie, SAMHSA's Administrator, has expressed support for a strong federal role in shaping mental health policy and in supporting efforts to provide mental health services in appropriate, community-based settings efficiently and effectively. We value the Administrator's leadership and look forward to continuing to work in partnership with Mr. Curie and his team. Indeed, we are indebted to Gail Hutchings who for the past year has served with distinction as the Center for Mental Health Services' Acting Director, and we are tremendously excited that Kathryn Power, the Director of Rhode Island's Department of Mental Health, will soon be taking the helm of CMHS.

However, SAMHSA will succeed in addressing the priorities and meeting the goals the Administrator has laid out only if Congress empowers the agency to do so. Too often in the past, SAMHSA has not been granted the authority or the funding to achieve systems reform, even where there is a consensus in the field about the obstacles and remedies.

We expect that the focus of the President's Commission's report will be on the fragmentation found in the mental health system: that consumers and family members seeking appropriate services are forced to navigate multiple unconnected service systems, including, but not limited to, housing, substance abuse, employment, education, criminal justice, Medicaid, child welfare, and mental health. SAMHSA could and should play a the pivotal role in aligning these programs to more effectively and efficiently serve adults and children with mental health disorders and in leading an initiative for collaboration across various federal agencies so as to create greater unity in mission, objectives, and oversight in federal programs.

This need is particularly acute with respect to children. To address it, we recommend that, through legislation, Congress establish an interagency body on children's mental health across the Departments of Health and Human Services, Education, and Justice that would foster systems coordination, collaboration, and joint financing across all relevant federal programs. Lead-agency responsibility for this function would be vested in SAMHSA, which would oversee the design and implementation of a comprehensive, interagency approach to children's mental health and report to Congress on those federal laws and regulations that impede full realization of the legislation's objectives. At Mayor Williams' request, the District through legislation created such an interagency body when we established the new Department of Mental Health two years ago; this has led to many positive outcomes. For example, since November of 2002 we have diverted over 230 children and youth from District institutional care as a result of this action. Building a system of care for children, youth and their families is our highest priority. We believe strongly that prevention, early intervention and community treatment work when we commit resources and work together with families and our partners in education, child welfare, juvenile justice and other systems.

SAMHSA needs greater authority to promote cross-system collaboration and integration in others areas, but two deserve particular attention.

First, we are encouraged that SAMHSA recognizes the tragic overrepresentation of people with mental illness in the criminal justice system. According to the U.S. Department of Justice, about 16 percent of the nation's jail and prison population have a mental illness. Incarceration is far costlier than treatment and has significant negative

consequences, not only for people with mental illnesses languishing unnecessarily in jail, but for the criminal justice system as well. We applaud Senator DeWine in particular for his leadership on this issue and for introducing legislation to promote collaboration between state and local mental health and criminal justice agencies. As provided in the legislation, the Department of Justice will need to work with the Department of Health and Human Services to administer the program; therefore, we urge that SAMHSA be given the resources necessary to play that role.

Second, we commend SAMHSA for identifying as a priority the improvement of services to the approximately 10 million Americans with co-occurring mental illness and substance abuse disorders. Evidence-based treatments for these conditions are remarkably effective. Such treatments involve integrated approaches that address both the mental illness and the substance abuse problem concurrently. Federal programs that isolate funding streams for mental health and substance abuse into separate “silos” result in “parallel” or “sequential” treatment – expensive approaches with poor outcomes for individuals with co-occurring disorders. Unfortunately, statutory language associated with the substance abuse and mental health block grants sends the message that these funding streams must be kept separate and poses an obstacle to states and localities that want to furnish the treatment that is most effective.

In the District of Columbia, Mayor Williams, Jim Buford, the Director of the Department of Health, where substance abuse programs reside, and I recently signed a Charter Agreement to assure that our policies, funding, program access and all aspects of service delivery are combined to provide a single and focused approach for treating persons with dual disorders. Yet we are forced to work around the separateness that still exists at the federal level. We urge Congress to modify the legislation and to promote the provision of integrated treatment for individuals with co-occurring disorders.

Eliminating barriers to financing integrated treatment in the two block grants will not only improve the treatment outcomes of individuals with co-occurring disorders, but also reduce the most common adverse consequences they face, such as criminal justice involvement, unemployment, and homelessness. In the District, we estimate that 42% of adults who are homeless have a co-occurring disorder. Therefore, we are encouraged that, in addition to improving integrated treatment services, SAMSHA intends to play a key role in the Administration’s initiative to end chronic homelessness. At the state and local level, we must work long and hard to help persons who have been streetbound regain control over their lives and maintain a permanent place to reside. We hope that SAMHSA is granted both the authority and the funding to provide services in permanent supported housing for individuals exiting chronic homelessness.

In addition to invigorating SAMHSA’s successful programs such as Projects for Assistance in Transition from Homelessness (PATH) and the Comprehensive Community Mental Health Services for Children and their Families Program, we hope that Congress will give attention to the imminent conversion of the mental health block grant to a Performance Partnership Grant. Measuring performance and effectiveness of mental health programs and services results in more sophisticated planning at the state level, enhanced accountability at all levels of government, and, in short, more effective use of scarce resources. But committing to this agenda in a meaningful way, such that performance data can be measured across states and aggregated to present a national picture – a key goal of the Performance Partnership – will also be very expensive to

providers, states, and SAMHSA. Most states already collect and analyze significant amounts of data to support their own internal planning and quality improvement activities. Under the Performance Partnership we would be required to meet national goals for measuring performance and effectiveness, but this will require uniform and standardized data collection, analysis, and reporting. Moreover, these new requirements will apply to states' entire mental health systems – not just the block grant that is the focus of the performance partnership – even though the block grant represents, on average, less than 2 percent of state mental health agency operating budgets. In the District, the Block Grant represents less than 1 percent of our budget. Therefore, to the extent Congress wishes mental health programs to generate standardized data such that policymakers at the federal level can better assess the effectiveness of these programs – a goal we enthusiastically support – we urge that Congress provide the funding to make this happen.

In addition, we want to express our support for SAMHSA's leadership role in reducing and ultimately eliminating the use of restraints and seclusion among individuals with mental illnesses. SAMHSA has significant expertise and a proven track record in spearheading successful initiatives designed to achieve this goal.

And finally, we want to say a word about the shifting of SAMHSA's research functions to the National Institute for Mental Health (NIMH). We support SAMHSA's efforts to streamline and eliminate duplication in federal agencies, but emphasize that services research must be continued and enhanced. This research builds on the significant investments that NIMH traditionally has made in understanding the science of mental illness, and ensures the cost-effectiveness of those investments. More importantly, services research is a critical bridge across the chasm between what we know about mental illness and what we do in providing services; the implications of reduced attention to this research are enormous. We are confident that this Subcommittee agrees that it must ensure that critical support for services research is maintained and expanded.

Again, thank you for the opportunity to speak with you this morning. I am happy to respond to any questions you may have.